



APPLICATION FOR PERMIT
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ SURFACE WATER ☒ GROUND WATER

it is: ☐ not an "action". ☒ categorically exempt.

\$10.00 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION
(GRAY BOXES FOR OFFICE USE ONLY)

DATE

SIGNATURE

APPLICATION NO. G125352	W.R.I.A. 15	COUNTY Kitsap	PRIORITY DATE 12-12-88	TIME	ACCEPTED JP
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APPLICANT'S NAME - PLEASE PRINT **E. W. Pinion, Director**
Fuel Department, Naval Supply Center, Puget Sound
Manchester, Washington

Bus. Tel. **476-2145**
Home Tel. _____
Other Tel. _____

ADDRESS (STREET) **P.O. Box 8** (CITY) **Manchester, Washington** (STATE) _____ (ZIP CODE) **98353-0008**

DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION
N/A

1. SOURCE OF SUPPLY

IF SURFACE WATER	IF GROUND WATER
SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE)	SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC.) Well #5
TRIBUTARY	SIZE AND DEPTH depth of 145 ft, 16" diameter.

2. USE

USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.)
Drinking, domestic, fire fighting and industrial.

ENTER QUANTITY OF WATER REQUESTED USING UNITS OF:	CUBIC FEET PER SECOND (CFS)	OR	GALLONS PER MINUTE (GPM)	ACRE FEET PER YEAR
			450	

TIMES DURING YEAR WATER WILL BE REQUIRED
Well is used twice a week, 7 hours each during entire year.

IF IRRIGATION, NUMBER OF ACRES	IF DOMESTIC USE, NUMBER OF UNITS BY TYPE, E.G. 1-HOME, 1-MOBILE HOME, 2-CAMPSITES, ETC.	IF MUNICIPAL USE, ESTIMATED POPULATION 20 YEARS FROM TODAY
DATE PROJECT WAS OR WILL BE STARTED 11/14/88	DATE PROJECT WAS OR WILL BE COMPLETED Approximately 1/30/89	

3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

3A. IF IN PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)	SECTION	TOWN	RANGE	ALSO, PLEASE ENCLOSE A COPY OF THE PLAT AND MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION

3B. IF NOT IN PLATTED PROPERTY

ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION. SHOW NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER.

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION) Near Manchester, Wa	SECTION see below	TOWNSHIP N. 24N	RANGE (E. OR W.) W.M. 2E	COUNTY Kitsap
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4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED. IF NOT, INSERT NAME & ADDRESS OF OWNER
U.S. Navy

5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

ATTACH A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY (ON WHICH THE WATER WILL BE USED) TAKEN FROM A REAL ESTATE CONTRACT, PROPERTY DEED OR TITLE INSURANCE POLICY. OR, COPY CAREFULLY IN THE SPACE BELOW.

Fuel Department, Naval Supply Center Puget Sound; Manchester, Wa (#N00406)

Location: NE 1/4 Section 16, Township 24 North, Range 2 East, W.M., Kitsap County WRIA C-15

Department Director

ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

☒ YES ☐ NO

IF YES, FROM WHAT SOURCE (i.e. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY Source: Ground Water

- 1. Under authorization for well drilled in 1945, which is now being abandoned.
- 2. Naval Supply Center Mission Requirement.

6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

Install one 450 GPM multistage pump with 50 HP motor.
Connect pump discharge head to 16" diameter casing. Casing is 145' deep.

REMARKS

7.

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

John R. Cairns

APPLICANT'S SIGNATURE

LEGAL LANDOWNERS NAME
(PLEASE PRINT)

LEGAL LANDOWNER'S SIGNATURE (OWNER OF PROPERTY
DESCRIBED IN ITEM NUMBER 5)

LEGAL LANDOWNER'S ADDRESS

FOR OFFICE USE ONLY

STATE OF WASHINGTON }
DEPARTMENT OF ECOLOGY } SS.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows:

In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before....., 19.....

Witness my hand this.....day of....., 19.....